

**IMM 26 – Provider Profile Guide**  
**Local Health Departments & Federally Qualified Health Centers**

Below is information to assist Local Health Departments and Federally Qualified Health Centers in completing sections G & H of the IMM 26 Form (Provider Profile). Please keep this guide for future reference, as a **yearly update** is a requirement for the program. If numbers increase or decrease in your practice during the year please call 609-588-7520 and we will assist you in filling out a new provider profile.

- ❖ ***It is very important that sections G & H are filled out completely. These numbers help to determine the amount of vaccines your site will receive. If incomplete, the form will be returned for correction and this will cause a delay in receiving your vaccine shipment.***

**SECTION G: Children in practice/service**

In the **TOTAL COLUMN**: **Provide the total number of children in your practice expected to be vaccinated this year regardless of insurance coverage.**

- ◆ **< 1 YEAR OLD COLUMN**: Of the total number of children, how many of these children are less than 1 year old.
- ◆ **1-6 YEAR OLD COLUMN**: Of the total number of children, how many are between the ages of 1-6 years old.
- ◆ **7-18 YEAR OLD COLUMN**: Of the total number of children, how many are between the ages of 7-18 years old.

**SECTION H: VFC Eligible Children in practice/services**

In the **< 1 YEAR OLD COLUMN**: **Of the total number of children that are less than 1 year old how many are;**

- ◆ Enrolled in Medicaid & NJ FamilyCare Plan A
- ◆ Enrolled in NJ FamilyCare Plans B, C, & D
- ◆ Without any health insurance.
- ◆ American Indian or Alaskan Native
- ◆ Number of underinsured
- ◆ Add the numbers down and put in the total column

In the **1-6 YEAR OLD COLUMN**: **Of the total number of children that are 1-6 years old how many are;**

- ◆ Enrolled in Medicaid & NJ FamilyCare Plan A
- ◆ Enrolled in NJ FamilyCare Plans B, C & D
- ◆ Without any health insurance.
- ◆ American Indian or Alaskan Native
- ◆ Number of underinsured
- ◆ Add the numbers down and put in the total column

In the **7-18 YEAR OLD COLUMN**: **Of the number of children that are 7-18 years old how many are;**

- ◆ Enrolled in Medicaid & NJ FamilyCare Plan A
- ◆ Enrolled in NJ FamilyCare Plan B, C & D
- ◆ Without any health insurance.
- ◆ American Indian or Alaskan Native
- ◆ Number of underinsured
- ◆ Add the numbers down and put in the total column

**DO NOT PUT NUMBERS IN THE UNDERINSURED SECTION; THIS IS FOR FEDERALLY QUALIFIED HEALTH CENTER' S ONLY.**

**TOTAL:**

- ◆ Add all the numbers across. The total number in Section H (VFC Eligible) should be fewer than the total number in Section G (total patients), which includes your private patients. The numbers in Section H number will indicate the total number of children eligible to receive VFC Program Vaccines.

**\*If you have any questions call (609) 588-7520**